

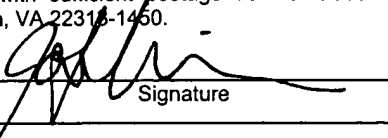
CASE CT2590 NP

1626

CERTIFICATE OF MAILING

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

John A. Lamerdin, Ph.D.  
Type or print name

  
Signature

February 3, 2004  
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF

Art Unit: 1626

GRIBKOFF ET AL.

Examiner: Laura L. Stockton, Ph.D.

APPLICATION NO: 09/975,881

FILED: OCTOBER 12, 2001

FOR: SELECTIVE MAXI-K POTASSIUM CHANNEL OPENERS  
FUNCTIONAL UNDER CONDITIONS OF HIGH INTRACELLULAR  
CALCIUM CONCENTRATION, METHODS AND USES THEREOF

Mail Stop DD  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

This Information Disclosure Statement is being filed in accordance with 37 C.F.R. §1.97(c).  
A letter for payment of fee set forth in 37 C.F.R. §1.17(p) is enclosed.

In accordance with 37 C.F.R. §1.56, applicants wish to call the Examiner's attention to the references cited on the attached form(s) PTO-1449.

Some of the listed references were cited in a search report in a corresponding PCT International application. Copies of these references and the search report are enclosed herewith.

Also, copies of the other cited references are enclosed herewith.

The Examiner is requested to consider the foregoing information in relation to this application and indicate that each reference was considered by returning a copy of the initialed PTO 1449 form(s).

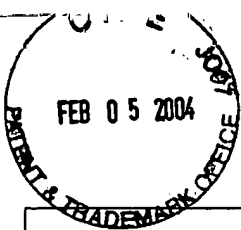
Respectfully submitted,

A handwritten signature in black ink, appearing to read 'John A. Lamerdin', is written over a horizontal line.

John A. Lamerdin, Ph.D.  
Attorney for Applicants  
Reg. No. 44,858

Bristol-Myers Squibb Company  
Patent Department  
P.O. Box 4000  
Princeton, NJ 08543-4000  
609-252-3575

Date: February 3, 2004



CASE CT2590 NP

CERTIFICATE OF MAILING

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John A. Lamerdin, Ph.D.  
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Signature

2/3/04  
Date

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

FEE LETTER FOR INFORMATION DISCLOSURE STATEMENT

Sir:

Please charge Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company in the amount of \$180 for payment of the fee pursuant to 37 CFR §1.17(p) for the submission of an Information Disclosure Statement under 37 CFR §1.97(c).

An additional copy of this paper is here enclosed. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 19-3880 in the name of Bristol-Myers Squibb Company.

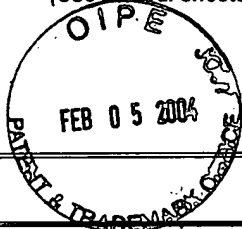
Respectfully submitted,

Bristol-Myers Squibb Company  
Patent Department  
P.O. Box 4000  
Princeton, NJ 08543-4000  
609-252-3575  
Date: 2/3/04

John A. Lamerdin, Ph.D.  
Attorney for Applicants  
Reg. No. 44,858

FORM PTO-1449  
(REV. 7-85)U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE**INFORMATION DISCLOSURE CITATION**

(Use several sheets if necessary)


 ATTY. DOCKET NO.  
 CT2590 NP  
 APPLICATION NO.  
 09/975,881  
 APPLICANT  
 GRIBKOFF ET AL.  
 FILING DATE  
 OCTOBER 12, 2001

 Group  
 1626
**U.S. PATENT DOCUMENTS**

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
	AA	US5,565,483	10/15/96	Hewawasam et al.			
	AB	US5,602,269	2/11/97	Hewawasam et al.			
	AC	US5,621,007	4/15/97	Gribkoff et al.			
	AD	US5,892,106	4/6/99	Pendri et al.			
	AE	US5,922,735	7/13/99	Sit et al.			
	AF	US6,184,231B1	2/6/01	Hewawasam et al.			
	AG						
	AH						
	AI						
	AJ						
	AK						
	AL						

**FOREIGN PATENT DOCUMENTS**

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
	AM						<input type="checkbox"/>	<input type="checkbox"/>
	AN						<input type="checkbox"/>	<input type="checkbox"/>
	AO						<input type="checkbox"/>	<input type="checkbox"/>
	AP						<input type="checkbox"/>	<input type="checkbox"/>
	AQ						<input type="checkbox"/>	<input type="checkbox"/>

**OTHER DOCUMENTS** (Including Author, Title, Date, Pertinent pages, Etc.)

	AR	
	AS	
	AT	

**EXAMINER****DATE CONSIDERED**

\*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.